

22-1-010

15690

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 28 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4462

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Lucrabel Neal.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Conrad Neal 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 29 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Carter Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wilson Snider

13. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Rosenda Snider

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Claude Barard

(b) Address Clinton Mo

17. (a) Fremont Mo (b) Date thereof 4/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Snider Cemetery

18. (a) Signature of funeral director Sparkwood Co

(b) Address Flat River Mo

19. (a) 4-27-44 (b) Jornal Whine  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/21 day 21  
year 1944 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from 4/19/44  
\_\_\_\_\_ 19 \_\_\_\_\_ to 4/20/44 19 \_\_\_\_\_  
that I last saw him alive on 4/20/44  
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Pharyngitis  
2. Pharyngitis  
Due to pharyngitis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 115 lb

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Jornal Whine M.D. or other \_\_\_\_\_  
Address Flat River Mo Date signed 4/26/44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

5-13-44

District Health Officer No. 4  
District File Number 544-384  
Date Filed 5-13-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No. ....

working under my personal supervision.

Signed

*Everett Sparks*

Licensed Embalmer No. 4287

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.